2003:2788 ADISNEWS ED 20 Jun 2003 UP 20 Jun 2003
DN 11738324-800888881
TI Symposia: News from the 18th Annual Scientific Meeting of the American Society of Hypertension.
SO INPHARMA 20 Jun 2003 ISSN: 1173-8324
DT (MIX)
WC 1848
TX. . . BP in patients aged >= 50 years, and elderly patients are often more susceptible to adverse events than younger patients.

Improved **cognitive** function?

Another study presented at the meeting suggested that treatment with valsartan may also improve **cognitive** function in elderly patients.(3) This placebo-controlled study involved 72 patients aged 61-85 years who had mild-to-moderate hypertension, defined as systolic/diastolic. . . angiotensin II antagonists could improve some important aspect of quality of life, in particular those related to memory," commented the researchers.

Telmisartan improves QOL

The angiotensin receptor antagonist **telmisartan** [`Micardis'] significantly improved quality of life (QOL) in patients with hypertension enrolled in the open-label, practice-based Micardis Community Access Trial. . . either received no prior therapy, or prior treatment with only one antihypertensive agent. After discontinuing their existing medication, patients received **telmisartan** 40mg for 2 weeks, with the dose increased to 80mg for the final 4 weeks of the study in those. . . dosing with controlled-release diltiazem [`Cardizem LA'] was more effective in the treatment of stage I and stage II hypertension than **ramipril** [`Altace'] and amlodipine [`Norvasc'], respectively. In the first study, 261 patients were randomised to receive diltiazem 240-540mg or **ramipril** 5-20mg once daily at night for 10 weeks, with titration allowed if BP remained > 130/85mm Hg.(6) Significantly greater reductions in BP and heart rate were achieved in diltiazem, compared with **ramipril**, recipients in the first 4 hours after waking [see table 3]; diltiazem recipients also had significantly lower diastolic BP and. . . 44) - 9.9 - 6.2

Table 3. Change in BP and heart rate in patients with hypertension, according to therapy

	Ramipril (n = 131)	Diltiazem (n= 130)
Mean change from baseline 4 hours after waking:		
Systolic BP (mm Hg)	- 13. . . - 1	- 7**
Rate-pressure product (beats/min times mm Hg)	- 917	- 1789**

* p < 0.01 vs **ramipril**
** p < 0.001 vs **ramipril**

RN. . .
52-53-9 (VERAPAMIL)
58-93-5 (HYDROCHLOROTHIAZIDE)
77-36-1 (CHLORTHALIDONE)
1407-47-2 (ANGIOTENSIN)
7440-09-7 (POTASSIUM)
7440-70-2 (CALCIUM)
11128-99-7 (ANGIOTENSIN II)
42399-41-7 (DILTIAZEM)
75847-73-3 (ENALAPRIL)
87333-19-5 (**RAMIPRIL**)
88150-42-9 (AMLODIPINE)
107724-20-9 (EPLERENONE)
137862-53-4 (VALSARTAN)
138402-11-6 (IRBESARTAN)
144701-48-4 (TELMISARTAN)

L10 ANSWER 2 OF 18 BIOSIS COPYRIGHT 2003 BIOLOGICAL ABSTRACTS INC.
AN 2003:320046 BIOSIS
DN PREV200300320046
TI The Ongoing **Telmisartan** Alone and in Combination with **Ramipril** Global Endpoint Trial program.
AU Unger, Thomas (1)
CS (1) Dorotheenstrasse 94, 10117, Berlin, Germany: Thomas.unger@charite.de Germany
SO American Journal of Cardiology, (May 22 2003) Vol. 91, No. 10 Supplement, pp. 28G-34G. print.
ISSN: 0002-9149.
DT Article; General Review
LA English
AB The renin-angiotensin system evolved to maintain volume homeostasis and blood pressure and to prevent ischemia during acute volume loss. But in the present age, these mechanisms are redundant, and the clinical significance of angiotensin II results from its pathologic effects, which are mediated by the angiotensin II type 1 (AT1) receptor. Activation of AT1 receptors has been linked to pathologic processes that contribute to atherosclerosis and ischemic events, including oxidative stress, inflammatory processes, low-density lipoprotein cholesterol trafficking, and prothrombotic states. The Ongoing **Telmisartan** Alone and in Combination with **Ramipril** Global Endpoint Trial (ONTARGET) program will compare the efficacy of the angiotensin II receptor blocker (ARB) **telmisartan**, the angiotensin-converting enzyme (ACE) inhibitor **ramipril**, and combination therapy with **telmisartan** plus **ramipril** for reducing cardiovascular risk. The ARB **telmisartan** is distinguished by its long duration of action, which compares favorably with some other ARBs and conventional antihypertensives. **Ramipril** was shown in the Heart Outcomes Prevention Evaluation (HOPE) study to reduce the risk for myocardial infarction (MI) and other cardiovascular events in patients at high risk for cardiovascular events but with out heart failure or a low ejection fraction. The ONTARGET program consists of 2 randomized, double-blind, multicenter international trials: a principal trial, ONTARGET, and a parallel trial, **Telmisartan** Randomized Assessment Study in ACE-I Intolerant Patients with Cardiovascular Disease (TRANSCEND). The treatment arms for the principal ONTARGET study are **telmisartan** 80 mg, **ramipril** 10 mg, and combination therapy with **telmisartan** 80 mg plus **ramipril** 10 mg; for the parallel study TRANSCEND, the treatment arms are **telmisartan** 80 mg and placebo. Both trials will assess cardiovascular outcomes in patients at high risk using the same criteria as that of the HOPE study, with a single exception: the TRANSCEND trial will enroll patients who do not tolerate ACE inhibitor treatment. The primary end points in both ONTARGET and TRANSCEND are death caused by cardiovascular disease, acute MI, stroke, and hospitalization because of congestive heart failure. The secondary end points include newly diagnosed heart failure, revascularization, new-onset type 2 diabetes mellitus, nephropathy, **cognitive** decrease and dementia, and newly diagnosed atrial fibrillation; these will be used for hypothesis generation.
TI The Ongoing **Telmisartan** Alone and in Combination with **Ramipril** Global Endpoint Trial program.
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IT . . .
Cardiovascular Medicine (Human Medicine, Medical Sciences); Pharmacology

IT Diseases
atrial fibrillation: diagnosis, heart disease; cardiovascular disease: heart disease, vascular disease; **cognitive** decrease: behavioral and mental disorders; congestive heart failure: heart disease; dementia: behavioral and mental disorders, nervous system disease; heart failure:. . . 2 diabetes mellitus: endocrine disease/pancreas, metabolic disease

IT Chemicals & Biochemicals
angiotensin II; antihypertensives: antihypertensive - drug, cardiovascular - drug; **ramipril**: angiotensin-converting enzyme inhibitor - drug, antihypertensive - drug, cardiovascular - drug, efficacy, enzyme inhibitor - drug; renin [EC 3.4.23.15]; **telmisartan**: angiotensin II receptor blocker, antihypertensive - drug, cardiovascular - drug, duration of action, efficacy

IT Alternate Indexing
Atrial Fibrillation (MeSH);. . .

RN 11128-99-7 (ANGIOTENSIN II)
87333-19-5 (**RAMIPRIL**)
9015-94-5 (RENIN)
9015-94-5 (EC 3.4.23.15)
144701-48-4 (**TELMISARTAN**)

L10 ANSWER 3 OF 18 EMBAL COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 2003220495 EMBASE Alert (EMBAL)
TI The Ongoing **Telmisartan** Alone and in Combination with **Ramipril** Global Endpoint Trial program.
AU Unger T.
CS Dr. T. Unger, Dorotheenstrasse 94, 10117 Berlin, Germany. Thomas.unger@charite.de
SO American Journal of Cardiology, (22 May 2003) 91/10 SUPPL. 1 (28G-34G). Refs: 52.
CODEN: AJCDA ISSN: 0002-9149
CY United States
DT General Review
LA English
SL English
AB The renin-angiotensin system evolved to maintain volume homeostasis and blood pressure and to prevent ischemia during acute volume loss. But in the present age, these mechanisms are redundant, and the clinical significance of angiotensin II results from its pathologic effects, which are mediated by the angiotensin II type 1 (AT(1)) receptor. Activation of AT(1) receptors has been linked to pathologic processes that contribute to atherosclerosis and ischemic events, including oxidative stress, inflammatory processes, low-density lipoprotein cholesterol trafficking, and prothrombotic states. The Ongoing **Telmisartan** Alone and in Combination with **Ramipril** Global Endpoint Trial (ONTARGET) program will compare the efficacy of the angiotensin II receptor blocker (ARB) **telmisartan**, the angiotensin-converting enzyme (ACE) inhibitor **ramipril**, and combination therapy with **telmisartan** plus **ramipril** for reducing cardiovascular

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L10 ANSWER 4 OF 18 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 2003220495 EMBASE
TI The Ongoing **Telmisartan** Alone and in Combination with **Ramipril** Global Endpoint Trial program.
AU Unger T.
CS Dr. T. Unger, Dorotheenstrasse 94, 10117 Berlin, Germany. Thomas.unger@charite.de
SO American Journal of Cardiology, (22 May 2003) 91/10 SUPPL. 1 (28G-34G). Refs: 52
ISSN: 0002-9149 CODEN: AJCDAG
CY United States
DT Journal; General Review
FS 006 Internal Medicine

018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LA English

SL English

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CT Medical Descriptors:
*cardiovascular . . . infarction: DT, drug therapy
acute heart infarction: PC, prevention
congestive heart failure: DT, drug therapy
heart ejection fraction
randomization
drug tolerability
stroke
hospitalization
revascularization
non insulin dependent diabetes mellitus
kidney disease
cognitive defect
dementia
heart atrium fibrillation
renin angiotensin aldosterone system
pathophysiology
hypertension: DT, drug therapy
drug effect
drug dose regimen
drug half life
drug megadose
drug approval
drug clearance
drug elimination
antihypertensive activity
side effect: SI, side effect
human
clinical trial
review
priority journal
***telmisartan: AE, adverse drug reaction**
***telmisartan: CT, clinical trial**
***telmisartan: CB, drug combination**
***telmisartan: CM, drug comparison**
***telmisartan: DO, drug dose**
***telmisartan: DT, drug therapy**
***telmisartan: PK, pharmacokinetics**
***telmisartan: PD, pharmacology**
***ramipril: CT, clinical trial**
***ramipril: CB, drug combination**
***ramipril: CM, drug comparison**
***ramipril: DO, drug dose**
***ramipril: DT, drug therapy**
***ramipril: PD, pharmacology**
angiotensin receptor antagonist: AE, adverse drug reaction
angiotensin receptor antagonist: CT, clinical trial
angiotensin receptor antagonist: CB, drug combination
angiotensin receptor antagonist:. . .

RN **(telmisartan) 144701-48-4; (ramipril)** 87333-19-5; (enalapril) 75847-73-3; (lisinopril) 76547-98-3, 83915-83-7; (amlodipine) 88150-42-9; (valsartan) 137862-53-4; (losartan) 114798-26-4; (candesartan) 139481-59-7

L10 ANSWER 5 OF 18 EMBASE COPYRIGHT 2003 ELSEVIER SCI. B.V.
AN 2003078376 EMBASE
TI The role of blood pressure lowering before and after stroke.
AU Donnan G.A.; Davis S.M.; Thrift A.
CS G.A. Donnan, National Stroke Research Institute, Austin/Repatriation Medical Centre, University of Melbourne, Gate 10 Banksia St, West Heidelberg, Vic. 3081, Australia. gdonnan@unimelb.edu.au

SO Current Opinion in Neurology, (2003) 16/1 (81-86).
Refs: 54
ISSN: 1350-7540 CODEN: CONEEX
CY United Kingdom
DT Journal; General Review
FS 006 Internal Medicine
008 Neurology and Neurosurgery
037 Drug Literature Index
LA English
SL English
AB Purpose of review: Elevated blood pressure is one of the most potent risk factors for first ever and recurrent stroke as well as influencing early outcome after acute stroke. There have been a number of significant randomized controlled trials which may influence management in each of these three categories. Recent findings: For primary prevention, the recent information from the Heart Outcomes Prevention Evaluation, Losartan Intervention for Endpoint Reduction to Hypertension, Study on **Cognition** and Prognosis in the Elderly and Australian National Blood Pressure Study support the view that blood pressure lowering protects against stroke regardless of baseline blood pressure level. There is some evidence that blockade of the angiotensin system may give additional protection. For secondary prevention, evidence from the Perindopril Protection against Recurrent Stroke Study shows that blood pressure lowering with perindopril based therapy reduces fatal or non-fatal stroke events, again in hypertensive or normotensive individuals. There is uncertainty about blood pressure lowering in acute stroke, although presentation of the recent Acute Candesartan Cilexetil Evaluation in Stroke Survivors trial in which there was significant protection against vascular events using candesartan suggests that further studies should be undertaken. Summary: Blood pressure lowering for primary prevention of stroke should be undertaken using a variety of therapeutic agents. For secondary stroke prevention perindopril based therapy should be used based on current evidence. Uncertainty still exists as to whether blood pressure lowering in the acute stroke setting is safe or improves outcomes.

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CT Medical Descriptors:
*blood . . .
PD, pharmacology
dipeptidyl carboxypeptidase inhibitor: CT, clinical trial
dipeptidyl carboxypeptidase inhibitor: CM, drug comparison
dipeptidyl carboxypeptidase inhibitor: DT, drug therapy
dipeptidyl carboxypeptidase inhibitor: PD, pharmacology
ramipril: CT, clinical trial
ramipril: CB, drug combination
ramipril: DT, drug therapy
diuretic agent: CT, clinical trial
diuretic agent: CM, drug comparison
diuretic agent: DT, drug therapy
placebo
angiotensin 1 receptor antagonist: CT, clinical. . . trial
antithrombocytic agent: DT, drug therapy
acetylsalicylic acid: DT, drug therapy
warfarin: DT, drug therapy
indapamide: CT, clinical trial
indapamide: CB, drug combination
indapamide: DT, drug therapy
telmisartan: CT, clinical trial
telmisartan: CB, drug combination
telmisartan: DT, drug therapy
RN (losartan) 114798-26-4; (angiotensin) 11128-99-7, 1407-47-2; (candesartan hexetil) 145040-37-5; (perindopril) 82834-16-0; (**ramipril**) 87333-19-5; (atenolol) 29122-68-7; (glyceryl trinitrate) 55-63-0;

(acetylsalicylic acid) 493-53-8, 50-78-2, 53663-74-4, 53664-49-6, 63781-77-1; (warfarin) 129-06-6, 2610-86-8, 3324-63-8, 5543-58-8, 81-81-2; (indapamide) 26807-65-8; (**telmisartan**) **144701-48-4**

L10 ANSWER 6 OF 18 MEDLINE
AN 2003255815 MEDLINE
DN 22664028 PubMed ID: 12781906
TI The ongoing **telmisartan** alone and in combination with **ramipril** global endpoint trial program.
AU Unger Thomas
CS Institute of Pharmacology and Toxicology, Charite Hospital, Humboldt University at Berlin, Berlin, Germany.. Thomas.unger@charite.de
SO AMERICAN JOURNAL OF CARDIOLOGY, (2003 May 22) 91 (10A) 28G-34G. Ref: 52
Journal code: 0207277. ISSN: 0002-9149.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 200307
ED Entered STN: 20030604
Last Updated on STN: 20030710
Entered Medline: 20030709
AB The renin-angiotensin system evolved to maintain volume homeostasis and blood pressure and to prevent ischemia during acute volume loss. But in the present age, these mechanisms are redundant, and the clinical significance of angiotensin II results from its pathologic effects, which are mediated by the angiotensin II type 1 (AT(1)) receptor. Activation of AT(1) receptors has been linked to pathologic processes that contribute to atherosclerosis and ischemic events, including oxidative stress, inflammatory processes, low-density lipoprotein cholesterol trafficking, and prothrombotic states. The Ongoing **Telmisartan** Alone and in Combination with **Ramipril** Global Endpoint Trial (ONTARGET) program will compare the efficacy of the angiotensin II receptor blocker (ARB) **telmisartan**, the angiotensin-converting enzyme (ACE) inhibitor **ramipril**, and combination therapy with **telmisartan** plus **ramipril** for reducing cardiovascular risk. The ARB **telmisartan** is distinguished by its long duration of action, which compares favorably with some other ARBs and conventional antihypertensives. **Ramipril** was shown in the Heart Outcomes Prevention Evaluation (HOPE) study to reduce the risk for myocardial infarction (MI) and other cardiovascular events in patients at high risk for cardiovascular events but without heart failure or a low ejection fraction. The ONTARGET program consists of 2 randomized, double-blind, multicenter international trials: a principal trial, ONTARGET, and a parallel trial, **Telmisartan** Randomized Assessment Study in ACE-I Intolerant Patients with Cardiovascular Disease (TRANSCEND). The treatment arms for the principal ONTARGET study are **telmisartan** 80 mg, **ramipril** 10 mg, and combination therapy with **telmisartan** 80 mg plus **ramipril** 10 mg; for the parallel study TRANSCEND, the treatment arms are **telmisartan** 80 mg and placebo. Both trials will assess cardiovascular outcomes in patients at high risk using the same criteria as that of the HOPE study, with a single exception: the TRANSCEND trial will enroll patients who do not tolerate ACE inhibitor treatment. The primary end points in both ONTARGET and TRANSCEND are death caused by cardiovascular disease, acute MI, stroke, and hospitalization because of congestive heart failure. The secondary end points include newly diagnosed heart failure, revascularization, new-onset type 2 diabetes mellitus, nephropathy, **cognitive** decrease and dementia, and newly diagnosed atrial fibrillation; these will be used for hypothesis generation.
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CT . . .

use

*Benzoates: TU, therapeutic use
Cardiovascular Diseases: PP, physiopathology
*Cardiovascular Diseases: PC, prevention & control
Clinical Trials
Drug Therapy, Combination
***Ramipril: TU, therapeutic use**
Receptors, Angiotensin: AI, antagonists & inhibitors
Renin-Angiotensin System: PH, physiology

RN 11128-99-7 (Angiotensin II); **144701-48-4 (telmisartan); 87333-19-5 (Ramipril)**

L10 ANSWER 7 OF 18 SCISEARCH COPYRIGHT 2003 THOMSON ISI
AN 2003:439326 SCISEARCH
GA The Genuine Article (R) Number: 680TE
TI The ongoing **telmisartan** alone and in combination with **Ramipril** Global Endpoint Trial program
AU Unger T (Reprint)
CS Dorotheenstr 94, D-10117 Berlin, Germany (Reprint); Humboldt Univ, Charite Hosp, Inst Pharmacol & Toxicol, Berlin, Germany
CYA Germany
SO AMERICAN JOURNAL OF CARDIOLOGY, (22 MAY 2003) Vol. 91, No. 10, Supp. [S], pp. 28G-34G.
Publisher: EXCERPTA MEDICA INC, 650 AVENUE OF THE AMERICAS, NEW YORK, NY 10011 USA.
ISSN: 0002-9149.
DT Article; Journal
LA English
REC Reference Count: 53
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB The renin-angiotensin system evolved to maintain volume homeostasis and blood pressure and to prevent ischemia during acute volume loss. But in the present age, these mechanisms are redundant, and the clinical significance of angiotensin II results from its pathologic effects, which are mediated by the angiotensin II type 1 (AT,) receptor. Activation of AT, receptors has been linked to pathologic processes that contribute to atherosclerosis and ischemic events, including oxidative stress, inflammatory processes, low-density lipoprotein cholesterol trafficking, and prothrombotic states. The Ongoing **Telmisartan** Alone and in Combination with **Ramipril** Global Endpoint Trial (ONTARGET) program will compare the efficacy of the angiotensin II receptor blocker (ARB) **telmisartan**, the angiotensin-converting enzyme (ACE)

inhibitor **ramipril**, and combination therapy with **telmisartan** plus **ramipril** for reducing cardiovascular risk. The ARB **telmisartan** is distinguished by its long duration of action, which compares favorably with some other ARBs and conventional antihypertensives. **Ramipril** was shown in the Heart Outcomes Prevention Evaluation (HOPE) study to reduce the risk for myocardial infarction (MI) and other cardiovascular events in patients at high risk for cardiovascular events but without heart failure or a low ejection fraction. The ONTARGET program consists of 2 randomized, double-blind, multicenter international trials: a principal trial, ONTARGET, and a parallel trial, **Telmisartan** Randomized Assessment Study in ACE-I Intolerant Patients with Cardiovascular Disease (TRANSCEND). The treatment arms for the principal ONTARGET study are **telmisartan** 80 mg, **ramipril** 10 mg, and combination therapy with **telmisartan** 80 mg plus **ramipril** 10 mg; for the parallel study TRANSCEND, the treatment arms are **telmisartan** 80 mg and placebo. Both trials will assess cardiovascular outcomes in patients at high risk using the same criteria as that of the HOPE study, with a single exception: the TRANSCEND trial will enroll patients who do not tolerate ACE inhibitor treatment. The primary end points in both ONTARGET and TRANSCEND are death caused by cardiovascular disease, acute MI, stroke, and hospitalization because of congestive heart failure. The secondary end points include newly diagnosed heart failure, revascularization, new-onset type 2 diabetes mellitus, nephropathy, **cognitive** decrease and dementia, and newly diagnosed atrial fibrillation; these will be used for hypothesis generation. (C) 2003 by Excerpta Medica, Inc.

TI The ongoing **telmisartan** alone and in combination with **Ramipril** Global Endpoint Trial program

AB . . . contribute to atherosclerosis and ischemic events, including oxidative stress, inflammatory processes, low-density lipoprotein cholesterol trafficking, and prothrombotic states. The Ongoing **Telmisartan** Alone and in Combination with **Ramipril** Global Endpoint Trial (ONTARGET) program will compare the efficacy of the angiotensin II receptor blocker (ARB) **telmisartan**, the angiotensin-converting enzyme (ACE) inhibitor **ramipril**, and combination therapy with **telmisartan** plus **ramipril** for reducing cardiovascular risk. The ARB **telmisartan** is distinguished by its long duration of action, which compares favorably with some other ARBs and conventional antihypertensives. **Ramipril** was shown in the Heart Outcomes Prevention Evaluation (HOPE) study to reduce the risk for myocardial infarction (MI) and other. . . fraction. The ONTARGET program consists of 2 randomized, double-blind, multicenter international trials: a principal trial, ONTARGET, and a parallel trial, **Telmisartan** Randomized Assessment Study in ACE-I Intolerant Patients with Cardiovascular Disease (TRANSCEND). The treatment arms for the principal ONTARGET study are **telmisartan** 80 mg, **ramipril** 10 mg, and combination therapy with **telmisartan** 80 mg plus **ramipril** 10 mg; for the parallel study TRANSCEND, the treatment arms are **telmisartan** 80 mg and placebo. Both trials will assess cardiovascular outcomes in patients at high risk using the same criteria as. . . of congestive heart failure. The secondary end points include newly diagnosed heart failure, revascularization, new-onset type 2 diabetes mellitus, nephropathy, **cognitive** decrease and dementia, and newly diagnosed atrial fibrillation; these will be used for hypothesis generation. (C) 2003 by Excerpta Medica,. . .

L10 ANSWER 8 OF 18 USPATFULL
AN 2003:152382 USPATFULL
TI Pharmaceutical dosage forms for highly hydrophilic materials
IN Patel, Mahesh V., Salt Lake City, UT, UNITED STATES
Chen, Feng-Jing, Salt Lake City, UT, UNITED STATES
Krill, Steven L., Danbury, CT, UNITED STATES
Venkateshvaran, Srinivasan, Salt Lake City, UT, UNITED STATES
PA LIPOCINE, INC. (U.S. corporation)
PI US 2003104048 A1 20030605
AI US 2002-158206 A1 20020529 (10)
RLI Continuation-in-part of Ser. No. US 2001-898553, filed on 2 Jul 2001,

GRANTED, Pat. No. US 6451339 Continuation of Ser. No. US 1999-258654, filed on 26 Feb 1999, GRANTED, Pat. No. US 6294192 Continuation-in-part of Ser. No. US 2001-877541, filed on 8 Jun 2001, PENDING Continuation-in-part of Ser. No. US 1999-345615, filed on 30 Jun 1999, GRANTED, Pat. No. US 6267985

DT Utility

FS APPLICATION

LREP THORPE NORTH WESTERN, 8180 SOUTH 700 EAST, SUITE 200, P.O. BOX 1219, SANDY, UT, 84070

CLMN Number of Claims: 37

ECL Exemplary Claim: 1

DRWN 1 Drawing Page(s)

LN.CNT 2976

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Pharmaceutical dosage forms having a highly hydrophilic fill material and a shell encapsulating the fill material are disclosed and described. Generally, the shell has at least one plasticizing agent therein in order to provide the shell with an effective plasticity. In one aspect, the shell may have included therein an amount of plasticizing agent that is sufficient to provide the shell with an effective plasticity upon migration of a portion of the plasticizing agent into the fill material. In another aspect, the plasticizing agent may have a solubility in the fill material of less than about 10% w/w. In yet another aspect, a combination of a plasticizing agent, and a plasticizing agent having a solubility in the fill material of less than about 10% w/w, may be presented in a total amount sufficient to provide the shell with an effective plasticity upon migration of plasticizing agent into the fill material.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

DETD . . . disorder (ADD) and attention deficit hyperactivity disorder (ADHD) drugs, calcium channel blockers, cardiac inotropic agents, beta-blockers, central nervous system stimulants, **cognition** enhancers, corticosteroids, COX-2 inhibitors, decongestants, diuretics, gastrointestinal agents, genetic materials, histamine receptor antagonists, hormonolytics, hypnotics, hypoglycemic agents, immunosuppressants, keratolytics, leukotriene. . .

DETD . . . lercardinipine, lisinopril, losartan, mibefradil, minoxidil, nebivolol, nicardipine, nifedipine, nimodipine, nisoldipine, olmesartan, omapatrilat, phenoxybenzamine, pindolol, prazosin, quinapril, reserpine, semotiadil, sitaxsentan, terazosin, **telmisartan**, trandolapril, and valsartan.

DETD . . . gemcitabine, imatinib, irinotecan, lasofoxifene, letrozole, lomustine, melphalan, mercaptopurine, methotrexate, mitomycin, mitotane, mitoxantrone, mofetil, mycophenolate, nebivolol, nilutamide, oxaliplatin, paclitaxel, palonosetron, procarbazine, **ramipril**, rubitecan, sirolimus, tacrolimus, tamoxifen, teniposide, testolactone, thalidomide, tirapazamine, topotecan, toremifene citrate, vitamin A, vitamin A derivatives, venorelbine, and zacopride;

DETD . . . for preventing and treating stroke, such agatroban, cilostazol, citicoline, clopidogrel, cromafiban, dexanabinol, dicumarol, dipyridamole, nicoumalone, oprelvekin, ozagrel, perindopril erbumine, phenindione, **ramipril**, repinotan, ticlopidine, tirofiban, and heparin, including heparin salts formed with organic or inorganic bases, and low molecular weight heparin, i.e.,. . .

DETD [0160] Cardiovascular drugs, including: angiotensin converting enzyme (ACE) inhibitors such as enalapril, **ramipril**, perindopril erbumine, 1-carboxymethyl-3-1-carboxy-3-phenyl-(1S)-propylamino-2,3,4,5-tetrahydro-1H-(3S)-11-benzazepine-2-one, 3-(5-amino-1-carboxy-1S-pentyl)amino-2,3,4,5-tetrahydro-2-oxo-3 S-1H-1-benzazepine-1-acetic acid or 3-(1-ethoxycarbonyl-3-phenyl-(1S)-propylamino)-2,3,4,5-tetrahydro-2-oxo-(3S)-benzazepine-1-acetic acid monohydrochloride; cardiac glycosides and cardiac inotropes such as amrinone, digoxin, digitoxin,. . .

DETD . . . rimexolone, ritanovir, rizatriptan, rofecoxib, rosiglitazone, saquinavir, sertraline, sibutramine, sildenafil citrate, simvastatin, sirolimus, spironolactone, sumatriptan, tacrine, tacrolimus, tamoxifen, tamsulosin, targretin, tazarotene, **telmisartan**, teniposide,

terbinafine, terazosin, tetrahydrocannabinol, tiagabine, ticlopidine, tirofibran, tizanidine, topiramate, topotecan, toremifene, tramadol, tretinoin, troglitazone, trovafloxacin, ubidecarenone, valsartan, venlafaxine, verteporfin, vigabatrin,. . .

DETD . . . as nifedipine and atenolol; and a combination of a calcium channel blocker and an ACE inhibitor such as felodipine and **ramipril;**

L10 ANSWER 9 OF 18 USPATFULL
AN 2003:120855 USPATFULL
TI Compositions and methods for treating colorectal polyps and cancer
IN Tamura, Masaaki, Nashville, TN, UNITED STATES
PI US 2003083339 A1 20030501
AI US 2002-133056 A1 20020426 (10)
PRAI US 2001-286621P 20010426 (60)
DT Utility
FS APPLICATION
LREP JENKINS & WILSON, PA, 3100 TOWER BLVD, SUITE 1400, DURHAM, NC, 27707
CLMN Number of Claims: 36
ECL Exemplary Claim: 1
DRWN 6 Drawing Page(s)
LN.CNT 4380
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A method of decreasing a biological function of an AT.sub.2 receptor in a subject ~~in need~~ thereof is disclosed. The method includes ~~administering~~ an effective amount of a therapeutic agent to the subject to decrease a biological function of an AT.sub.2 receptor. Cancer therapy, particularly colorectal cancer therapy, by the method is also disclosed.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
DETD [0100] Other representative Ang II receptor antagonists include candesartan cilexetil, eprosartan, irbesartan, tasosartan, **telmisartan,** valsartan, BMS-184699, 3-(2'-(tetrazol-5-yl)-1,1'-biphen-4-yl)methyl-5,7-dimethyl-2-ethyl-3H-imidazo[4,5-b]pyridine, BAY 106734, BIBR363, CL329167, E4177, EMD73495, HN65021, HR720, HOE720, LRB081, SC52459, SL910102, UP2696, YM358, EMD66397, ME3221, TAK536,. . .

DETD . . . Name Name)

Captopril	CAPOTEN	
Enalapril	VASOTEC	Merck
Lisinopril	ZESTRIL	Zeneca
Lisinopril	PRINIVIL	Merck
Benazepril	LOTENSIN	Novartis
Quinapril	ACCUPRIL	Parke-Davis
Ramipril	ALTACE	Monarch
Trandolapril	MAVIK	Knoll (Roussel Uclaf)
Moexipril	UNIVASE	Schwartz
Fosinopril	MONOPRIL	BMS
Perindep	ACESRI	Solva

DETD . . . such as CAPTOPRIL.TM. and D-2-methyl-3-mercaptopropanoyl-L-proline have been synthesized as ACE inhibitors. Additional ACE inhibitors available commercially include ENALAPRIL.TM., ENALAPRILAT.TM., QUINAPRIL.TM., **RAMIPRIL**.TM., CILAZAPRIL.TM., DELAPRIL.TM., FOSENOPRIL.TM., ZOFENOPRIL.TM., INDOLAPRIL.TM., LISINOPRIL.TM., PERINDOPRIL.TM., SPIRAPRIL.TM., PENTOPRIL.TM., PIVOPRIL.TM., and known pharmaceutically acceptable salts thereof. Several of these ACE. . .

DETD . . . such as the brain (Fitzsimmons, (1980) Rev. Physiol. Biochem. Pharmacol. 87:117). Antagonists of angiotensin II are therefore useful in enhancing **cognitive** performance in patients affected by conditions such as age associated mental impairment or Alzheimer's disease, and in treating **cognitive** disorders such as anxiety. See, e.g., Dennes et al., (1992) Brit. J. Pharmacol. 105: 88; and Barnes et al., (1991). . .

DETD . . . be employed in the present invention. An illustrative but

non-limiting list of ACE inhibitors includes Captopril, Enalapril, Lisinopril, Benazepril, Quinapril, **Ramipril**, Trandolapril, Moexipril, Fosinopril, Perindep and pharmaceutically acceptable salts thereof.

DETD . . . of AT2 receptor antagonists includes AT2 receptor antagonist is selected from the group consisting of candesartan cilexetil, eprosartan, irbesartan, tasosartan, **telmisartan**, valsartan, BMS-184699, 3-(2'-(tetrazol-5-yl)-1,1'-biphen-4-yl)methyl-5,7-dimethyl-2-ethyl-3H-imidazo[4,5-b]pyridine, BAY 106734, BIBR363, CL329167, E4177, EMD73495, HN65021, HR720, HOE720, LRB081, SC52459, SL910102, UP2696, YM358, EMD66397, ME3221, TAK536,. . .

CLM What is claimed is:

. . . method of claim 28, wherein the ACE inhibitor is selected from the group consisting of Captopril, Enalapril, Lisinopril, Benazepril, Quinapril, **Ramipril**, Trandolapril, Moexipril, Fosinopril, Perindep and pharmaceutically acceptable salts thereof.

. . . claim 28, wherein the Ang II receptor antagonist is selected from the group consisting of candesartan cilexetil, eprosartan, irbesartan, tasosartan, **telmisartan**, valsartan, BMS-184699, 3-(2'-(tetrazol-5-yl)-1,1'-biphen-4-yl)methyl-5,7-dimethyl-2-ethyl-3H-imidazo[4,5-b]pyridine, BAY 106734, BIBR363, CL329167, E4177, EMD73495, HN65021, HR720, HOE720, LRB081, SC52459, SL910102, UP2696, YM358, EMD66397, ME3221, TAK536,. . .

IT 34273-10-4, Saralasin 62571-86-2, Captopril 75847-73-3, Enalapril 76547-98-3, Lisinopril 85441-61-8, Quinapril 86541-75-5, Benazepril 87333-19-5, Ramipril 87679-37-6, Trandolapril 98048-97-6, Fosinopril 103775-10-6, Moexipril 114798-26-4, Losartan 130663-39-7, Pd123319 133040-01-4, Eprosartan 135070-05-2, e4177 137862-53-4, Valsartan 138402-11-6, Irbesartan 143945-39-5, Cl329167 **144701-48-4**, Telmisartan 145040-37-5, Candesartan cilexetil 145733-36-4, Tasosartan 153235-15-5, Hr720 186615-80-5, Bibr363 186615-89-4, Emd73495 187683-71-2, Bay 106734
(compns. and methods for treating colorectal polyps and cancer)

L10 ANSWER 10 OF 18 USPATFULL

AN 2003:112567 USPATFULL

TI Pharmaceutical formulations and systems for improved absorption and multistage release of active agents

IN Chen, Feng-Jing, Salt Lake City, UT, UNITED STATES
Venkateshwaran, Srinivasan, Salt Lake City, UT, UNITED STATES
Krill, Steven L., Park City, UT, UNITED STATES
Patel, Mahesh V., Salt Lake City, UT, UNITED STATES

PI US 2003077297 A1 20030424

AI US 2002-74687 A1 20020211 (10)

RLI Continuation-in-part of Ser. No. US 2001-898553, filed on 2 Jul 2001, PENDING Continuation of Ser. No. US 1999-258654, filed on 26 Feb 1999, GRANTED, Pat. No. US 6294192 Continuation-in-part of Ser. No. US 2001-877541, filed on 8 Jun 2001, PENDING Continuation-in-part of Ser. No. US 1999-345615, filed on 30 Jun 1999, GRANTED, Pat. No. US 6267985 Continuation-in-part of Ser. No. US 2001-800593, filed on 6 Mar 2001, PENDING Division of Ser. No. US 1999-447690, filed on 23 Nov 1999, GRANTED, Pat. No. US 6248363

DT Utility

FS APPLICATION

LREP REED & ASSOCIATES, 800 MENLO AVENUE, SUITE 210, MENLO PARK, CA, 94025

CLMN Number of Claims: 145

ECL Exemplary Claim: 1

DRWN 7 Drawing Page(s)

LN.CNT 4845

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB The present invention pertains to pharmaceutical formulations and systems for delivery of active agents, wherein a first fraction of an active agent is suspended in a vehicle and a second fraction of active agent is solubilized in the vehicle, with the suspended fraction representing about 5 wt. % to about 80 wt. % of the active agent and the second fraction representing about 20 wt. % to about 95 wt. % of the

active agent. One or more additional active agents, which may be fully solubilized, partially solubilized, or suspended, may also be present. The first and second fractions of the active agent may or may not have different release profiles. Generally, a significant fraction of the solubilized drug will release rapidly, providing for rapid onset, while the suspended drug may be formulated for delayed and/or sustained release.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

DETD . . . disorder (ADD) and attention deficit hyperactivity disorder (ADHD) drugs, calcium channel blockers, cardiac inotropic agents, beta-blockers, central nervous system stimulants, **cognition** enhancers, corticosteroids, COX-2 inhibitors, decongestants, diuretics, gastrointestinal agents, genetic materials, histamine receptor antagonists, hormonolytics, hypnotics, hypoglycemic agents, immunosuppressants, keratolytics, leukotriene. . .

DETD . . . iloprost, irbesartan, isradipine, lercardinipine, lisinopril, losartan, minoxidil, nebivolol, nicardipine, nifedipine, nimodipine, nisoldipine, omapatrilat, phenoxybenzamine, prazosin, quinapril, reserpine, semotiadil, sitaxsentan, terazosin, **telmisartan**, and valsartan.

DETD . . . estramustine, etoposide, gemcitabine, irinotecan, lasofoxifene, letrozole, lomustine, melphalan, mercaptopurine, methotrexate, mitomycin, mitotane, mitoxantrone, mofetil, mycophenolate, nebivolol, nilutamide, paclitaxel, palonosetron, procarbazine, **ramipril**, rubitecan, sirolimus, tacrolimus, tamoxifen, teniposide, testolactone, thalidomide, tirapazamine, topotecan, toremifene citrate, vitamin A, vitamin A derivatives, and zacopride;

DETD . . . agents for preventing and treating stroke, such as cilostazol, citicoline, clopidogrel, cromafiban, dexanabinol, dicumarol, dipyridamole, nicoumalone, oprelvekin, perindopril erbumine, phenindione, **ramipril**, repinotan, ticlopidine, tirofiban, and heparin, including heparin salts formed with organic or inorganic bases, and low molecular weight heparin, i.e.,. . .

DETD [0080] cardiovascular drugs, including: angiotensin converting enzyme (ACE) inhibitors such as enalapril, **ramipril**, perindopril erbumine, 1-carboxymethyl-3-1-carboxy-3-phenyl-(1 S)-propylamino-2,3,4,5-tetrahydro-1H-(3S)-1-benzazepine-2-one, 3-(5-amino-1-carboxy-1S-pentyl)amino-2,3,4,5-tetrahydro-2-oxo-3S-1H-1-benzazepine-1acetic acid or 3-(1-ethoxycarbonyl-3-phenyl-(1S)-propylamino)-2,3,4,5-tetrahydro-2-oxo-(3S)-benzazepine-1-acetic acid monohydrochloride; cardiac glycosides and cardiac inotropes such as amrinone, digoxin, digitoxin,. . .

DETD . . . rimexolone, ritanovir, rizatriptan, rofecoxib, rosiglitazone, saquinavir, sertraline, sibutramine, sildenafil citrate, simvastatin, sirolimus, spironolactone, sumatriptan, tacrine, tacrolimus, tamoxifen, tamsulosin, targretin, tazarotene, **telmisartan**, teniposide, terbinafine, terazosin, tetrahydrocannabinol, tiagabine, ticlopidine, tirofiban, tizanidine, topiramate, topotecan, toremifene, tramadol, tretinoin, troglitazone, trovafloxacin, ubidecarenone, valsartan, venlafaxine, verteporfin, vigabatrin,. . .

DETD . . . as nifedipine and atenolol; and a combination of a calcium channel blocker and an ACE inhibitor such as felodipine and **ramipril**;

CLM What is claimed is:

. . . disorder (ADD) and attention deficit hyperactivity disorder (ADHD) drugs, calcium channel blockers, cardiac inotropic agents, beta-blockers, central nervous system stimulants, **cognition** enhancers, corticosteroids, COX-2 inhibitors, decongestants, diuretics, gastrointestinal agents, genetic materials, histamine receptor antagonists, hormonolytics, hypnotics, hypoglycemic agents, immunosuppressants, keratolytics, leukotriene. . .

. . . disorder (ADD) and attention deficit hyperactivity disorder (ADHD) drugs, calcium channel blockers, cardiac inotropic agents, beta-blockers, central nervous system stimulants, **cognition** enhancers, corticosteroids, COX-2 inhibitors, decongestants, diuretics, gastrointestinal agents, genetic materials, histamine receptor antagonists, hormonolytics, hypnotics, hypoglycemic agents,

immunosuppressants, keratolytics, leukotriene. . .

L10 ANSWER 11 OF 18 USPATFULL
AN 2003:85867 USPATFULL
TI Oral delivery formulation
IN Compton, Bruce Jon, Lexington, MA, UNITED STATES
Solari, Nancy E., West Newton, MA, UNITED STATES
Flangan, Margaret A., Stow, MA, UNITED STATES
PI US 2003059471 A1 20030327
AI US 2001-997277 A1 20011129 (9)
RLI Continuation of Ser. No. US 1998-55560, filed on 6 Apr 1998, ABANDONED
PRAI US 1997-69501P 19971215 (60)
US 1998-73867P 19980204 (60)
DT Utility
FS APPLICATION
LREP Stephen J Gaudet, 68H Stiles Road, Salem, NH, 03079
CLMN Number of Claims: 42
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 2950
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB Flakes containing drugs and methods for forming and using such flakes are provided.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
SUMM . . . Hydrochloride; Pinacidil; Pivopril; Polythiazide; Prazosin Hydrochloride; Primidolol; Prizidilol Hydrochloride; Quinapril Hydrochloride; Quinaprilat; Quinazosin Hydrochloride; Quinelorane Hydrochloride; Quinpirole Hydrochloride; Quinuclium Bromide; **Ramipril**; Rauwolfia Serpentina; Reserpine; Saprisartan Potassium; Saralasin Acetate; Sodium Nitroprusside; Sulfinalol Hydrochloride; Tasosartan; Teludipine Hydrochloride; Temocapril Hydrochloride; Terazosin Hydrochloride; Terlakiren; Tiamenidine;. . .
SUMM [0202] **Cognition** adjuvant: Ergoloid Mesylates; Piracetam; Pramiracetam Hydrochloride; Pramiracetam Sulfate; Tacrine Hydrochloride.
SUMM [0203] **Cognition** enhancer: Besipirdine Hydrochloride; Linopirdine; Sibopirdine.
SUMM . . . propiverine; propyl bis-acridone; prostaglandin J2; prostratin; protegrin; protosufloxacin; prulifloxacin; pyrazoloacridine; quazepam; quetiapine; quiflapon; quinagolide; quinapril; quinfamide; quinupristin; raloxifene; raltitrexed; ramatroban; **ramipril**; ramosetron; ranelic acid; ranitidine bismuth citrate; ranolazine; recainam; regavirumab; relaxin; repirinast; resinferatoxin; reticulon; reviparin sodium; revizinone; ricasetron; ridogrel; rifabutin; rifapentine;. . . sucralfate; sulfasalazine; sulfinosine; sulfoxamine; sulopenem; sultamicillin; sultopride; sulukast; sumatriptan; symakalim; tandospirone; tapgen; taprostene; tasosartan; tazanolast; tazarotene; teicoplanin; telenzepine; tellurapyrylium; telmesteine; **telmisartan**; temocapril; temoporfin; temozolomide; tenidap; teniposide; tenosal; tenoxicam; tepirindole; tepoxalin; terazosin; terbinafine; terfenadine; terflavoxate; terguride; terlakiren; terlipressin; terodiline; tertatolol; testosterone buciclate;. . .

L10 ANSWER 12 OF 18 USPATFULL
AN 2002:17328 USPATFULL
TI Dha-pharmaceutical agent conjugates of taxanes
IN Shashoua, Victor, Brookline, MA, UNITED STATES
Swindell, Charles, Merion, PA, UNITED STATES
Webb, Nigel, Bryn Mawr, PA, UNITED STATES
Bradley, Matthews, Layton, PA, UNITED STATES
PI US 2002010208 A1 20020124
AI US 2001-846838 A1 20010501 (9)
RLI Continuation of Ser. No. US 1998-135291, filed on 17 Aug 1998, ABANDONED
Continuation of Ser. No. US 1996-651312, filed on 22 May 1996, GRANTED, Pat. No. US 5795909
DT Utility
FS APPLICATION

LREP Edward R. Gates, Esq., Wolf, Greenfield & Sacks, P.C., 600 Atlantic Avenue, Boston, MA, 02210
CLMN Number of Claims: 19
ECL Exemplary Claim: 1
DRWN 14 Drawing Page(s)
LN.CNT 2437
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The invention provides conjugates of cis-docosahexaenoic acid and pharmaceutical agents useful in treating noncentral nervous system conditions. Methods for selectively targeting pharmaceutical agents to desired tissues are provided.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
SUMM . . . bone resorption inhibitor; bronchodilator; carbonic anhydrase inhibitor; cardiac depressant; cardioprotectant; cardiotonic; cardiovascular agent; choleretic; cholinergic; cholinergic agonist; cholinesterase deactivator; coccidiostat; **cognition** adjuvant; **cognition** enhancer; depressant; diagnostic aid; diuretic; doparninergic agent; ectoparasiticide; emetic; enzyme inhibitor; estrogen; fibrinolytic; fluorescent agent; free oxygen radical scavenger; gastrointestinal. . .
DETD . . . Hydrochloride; Pinacidil; Pivopril; Polythiazide; Prazosin Hydrochloride; Primidolol; Prizidilol Hydrochloride; Quinapril Hydrochloride; Quinaprilat; Quinazosin Hydrochloride; Quinelorane Hydrochloride; Quinpirole Hydrochloride; Quinuclium Bromide; **Ramipril**; Rauwolfia Serpentina; Reserpine; Saprisartan Potassium; Saralasin Acetate; Sodium Nitroprusside; Sulfinalol Hydrochloride; Tasosartan; Teludipine Hydrochloride; Temocapril Hydrochloride; Terazosin Hydrochloride; Terlakiren; Tiamenidine;. . .
DETD [0192] **Cognition** adjuvant: Ergoloid Mesylates; Piracetam; Pramiracetam Hydrochloride; Pramiracetam Sulfate; Tacrine Hydrochloride.
DETD [0193] **Cognition** enhancer: Besipirdine Hydrochloride; Linopirdine; Sibopirdine.
DETD . . . sucralfate; sulfasalazine; sulfmosine; sulfoxamine; sulopenem; sultamicillin; sultopride; sulukast; sumatriptan; symakalim; tandospirone; tapgen; taprostene; tasosartan; tazanolast; tazarotene; teicoplanin; telenzepine; tellurapyrylium; telmesteine; **telmisartan**; temocapril; temoporfm; temozolomide; tenidap; teniposide; tenosal; tenoxicam; tepirindole; tepoxalin; terazosin; terbinafine; terfenadine; terflavoxate; terguride; terlakiren; terlipressin; terodiline; tertatolol; testosterone buciclate;. . .

L10 ANSWER 13 OF 18 USPATFULL
AN 2001:90260 USPATFULL
TI Fatty acid-pharmaceutical agent conjugates
IN Webb, Nigel L., Bryn Mawr, PA, United States
Bradley, Matthews O., Laytonsville, MD, United States
Swindell, Charles S., Merion, PA, United States
Shashoua, Victor E., Brookline, MA, United States
PI US 2001002404 A1 20010531
US 6576636 B2 20030610
AI US 2000-730450 A1 20001205 (9)
RLI Continuation of Ser. No. US 1996-651428, filed on 22 May 1996, ABANDONED
DT Utility
FS APPLICATION
LREP Edward R. Gates, Wolf, Greenfield & Sacks, P.C., 600 Atlantic Avenue, Boston, MA, 02210
CLMN Number of Claims: 12
ECL Exemplary Claim: 1
DRWN 14 Drawing Page(s)
LN.CNT 2511
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The invention provides conjugates of fatty acids and pharmaceutical agents useful in treating noncentral nervous system conditions. Methods for selectively targeting pharmaceutical agents to desired tissues are provided.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
SUMM . . . bone resorption inhibitor; bronchodilator; carbonic anhydrase inhibitor; cardiac depressant; cardioprotectant; cardiotonic; cardiovascular agent; choleretic; cholinergic; cholinergic agonist; cholinesterase deactivator; coccidiostat; **cognition** adjuvant; **cognition** enhancer; depressant; diagnostic aid; diuretic; dopaminergic agent; ectoparasiticide; emetic; enzyme inhibitor; estrogen; fibrinolytic; fluorescent agent; free oxygen radical scavenger; gastrointestinal. . .
DETD . . . Hydrochloride; Pinacidil; Pivopril; Polythiazide; Prazosin Hydrochloride; Primidolol; Prizidilol Hydrochloride; Quinapril Hydrochloride; Quinaprilat; Quinazosin Hydrochloride; Quinelorane Hydrochloride; Quinpirole Hydrochloride: Quinuclium Bromide; **Ramipril**; Rauwolfia Serpentina; Reserpine; Saprisartan Potassium; Saralasin Acetate; Sodium Nitroprusside; Sulfinalol Hydrochloride; Tasosartan; Teludipine Hydrochloride; Temocapril Hydrochloride; Terazosin Hydrochloride; Terlakiren; Tiamenidine;. . .
DETD [0199] **Cognition** adjuvant: Ergoloid Mesylates; Piracetam; Pramiracetam Hydrochloride; Pramiracetam Sulfate; Tacrine Hydrochloride.
DETD [0200] **Cognition** enhancer: Besipirdine Hydrochloride; Linopirdine; Sibopirdine .
DETD . . . propiverine; propyl bis-acridone; prostaglandin J2; prostratin; protegrin; protosufloxacin; prulifloxacin; pyrazoloacridine; quazepam; quetiapine; quiflapon; quinagolide; quinapril; quinfamide; quinupristin; raloxifene; raltitrexed; ramatroban; **ramipril**; ramosetron; ranelic acid; ranitidine bismuth citrate; ranolazine; recainam; regavirumab; relaxin; repirinast; resinferatoxin; reticulon; reviparin sodium; revizinone; ricasetron; ridogrel; rifabutin; rifapentine;. . . sucralfate; sulfasalazine; sulfinosine; sulfoxamine; sulopenem; sultamicillin; sultopride; sulukast; sumatriptan; symakalim; tandospirone; tapgen; taprostene; tasosartan; tazanolast; tazarotene; teicoplanin; telenzepine; tellurapyrylium; telmesteine; **telmisartan**; temocapril; temoporfin; temozolomide; tenidap; teniposide; tenosal; tenoxicam; tepirindole; tepoxalin; terazosin; terbinafme; terfenadine; terflavoxate; terguride; terlakiren; terlipressin; terodiline; tertatolol; testosterone buciclate;. . .

L10 ANSWER 14 OF 18 USPATFULL
AN 1998:98932 USPATFULL
TI DHA-pharmaceutical agent conjugates of taxanes
IN Shashoua, Victor E., Brookline, MA, United States
Swindell, Charles S., Merion, PA, United States
Webb, Nigel L., Bryn Mawr, PA, United States
Bradley, Matthews O., Laytonsville, MD, United States
PA Neuromedica, Inc., Conshohocken, PA, United States (U.S. corporation)
PI US 5795909 19980818
AI US 1996-651312 19960522 (8)
DT Utility
FS Granted
EXNAM Primary Examiner: Jarvis, William R. A.
LREP Wolf, Greenfield & Sacks, P.C.
CLMN Number of Claims: 12
ECL Exemplary Claim: 1
DRWN 27 Drawing Figure(s); 14 Drawing Page(s)
LN.CNT 2451
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The invention provides conjugates of cis-docosahexaenoic acid and taxanes useful in treating cell proliferative disorders. Conjugates of paclitaxel and docetaxel are preferred.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
SUMM . . . bone resorption inhibitor; bronchodilator; carbonic anhydrase inhibitor; cardiac depressant; cardioprotectant; cardiotonic; cardiovascular agent; choleretic; cholinergic; cholinergic agonist; cholinesterase deactivator; coccidiostat; **cognition** adjuvant; **cognition** enhancer; depressant; diagnostic aid; diuretic; dopaminergic agent; ectoparasiticide; emetic; enzyme inhibitor;

estrogen; fibrinolytic; fluorescent agent; free oxygen radical scavenger; gastrointestinal. . .
DETD . . . Hydrochloride; Pinacidil; Pivopril; Polythiazide; Prazosin Hydrochloride; Primidolol; Prizidilol Hydrochloride; Quinapril Hydrochloride; Quinaprilat; Quinazosin Hydrochloride; Quinelorane Hydrochloride; Quinpirole Hydrochloride; Quinuclium Bromide; **Ramipril**; Rauwolfia Serpentina; Reserpine; Saprisartan Potassium; Saralasin Acetate; Sodium Nitroprusside; Sulfinalol Hydrochloride; Tasosartan; Teludipine Hydrochloride; Temocapril Hydrochloride; Terazosin Hydrochloride; Terlakiren; Tiamenidine;. . .
DETD **Cognition** adjuvant: Ergoloid Mesylates; Piracetam; Pramiracetam Hydrochloride; Pramiracetam Sulfate; Tacrine Hydrochloride.
DETD **Cognition** enhancer: Besipirdine Hydrochloride; Linopirdine; Sibopirdine .
DETD . . . propiverine; propyl bis-acridone; prostaglandin J2; prostratin; protegrin; protosufloxacin; prulifloxacin; pyrazoloacridine; quazepam; quetiapine; quiflapon; quinagolide; quinapril; quinfamide; quinupristin; raloxifene; raltitrexed; ramatroban; **ramipril**; ramosetron; ranelic acid; ranitidine bismuth citrate; ranolazine; recainam; regavirumab; relaxin; repirinast; resinferatoxin; reticulon; reviparin sodium; revizinone; ricasetron; ridogrel; rifabutin; rifapentine;. . . sucralfate; sulfasalazine; sulfmosine; sulfoxamine; sulopenem; sultamicillin; sultopride; sulukast; sumatriptan; symakalim; tandospirone; tapgen; taprostene; tasosartan; tazanolast; tazarotene; teicoplanin; telenzepine; tellurapyrylium; telmesteine; **telmisartan**; temocapril; temoporfin; temozolomide; tenidap; teniposide; tenosal; tenoxicam; tepirindole; tepoxalin; terazosin; terbinafine; terfenadine; terflavoxate; terguride; terlakiren; terlipressin; terodiline; tertatolol; testosterone buciclate;. . .

L10 ANSWER 15 OF 18 USPATFULL
AN 1998:54894 USPATFULL
TI Method of modifying angiotensin receptor activity for mediation of pain
IN dePadova, Anthony S., 49 Dexter Dr. North, Basking Ridge, NJ, United States 07920
PI US 5753651 19980519
WO 9529674 19951109
AI US 1996-727553 19961025 (8)
WO 1995-US5312 19950428
19961023 PCT 371 date
19961023 PCT 102(e) date
RLI Continuation-in-part of Ser. No. US 1994-235468, filed on 29 Apr 1994, now patented, Pat. No. US 5464854
DT Utility
FS Granted
EXNAM Primary Examiner: Jordan, Kimberly
LREP Hoffmann & Baron, LLP
CLMN Number of Claims: 14
ECL Exemplary Claim: 1
DRWN 6 Drawing Figure(s); 7 Drawing Page(s)
LN.CNT 818
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention relates to a method of modifying Angiotensin II subtype 1 (AT.sub.1) receptor activity for the treatment of premenstrual syndrome (PMS) and the symptoms associated therewith, and further relates to a method for the treatment of acute or chronic pain mediated by the sympathetic nervous system. The treatment includes the administration of an effective amount of an AT.sub.1 antagonist. AT.sub.1 antagonists are drugs that are capable of blocking AT.sub.1 receptors present within the body throughout the central nervous system including the hypothalamus. By blocking the AT.sub.1 receptor activity, hypothalamic nerve activity, and therefore, sympathetic nerve activity are modulated. Thus, an effective method for treating sympathetically mediated pain is provided, as well as an effective method for treating PMS. The AT.sub.1 antagonist can be used alone or in combination with other drug therapies, for instance, non-steroidal anti-inflammatory drugs, antidepressants, opiod drugs, angiotensin converting enzyme

" inhibitors, and diuretics.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

SUMM A non-limiting list of angiotensin converting enzyme inhibitors contemplated for such a use includes quinipril, enalapril, captopril, benazepril, **ramipril**, trandolapril, lisinopril, fosinopril and mixtures thereof.

DETD Affective/**Cognitive** Symptoms--i.e., changes in libido, unreasonable erratic behavior, lack of emotional control, tension, mood swings, restlessness, insomnia, feelings of guilt, low. . .

DETD A non-limiting list of angiotensin converting enzyme inhibitors contemplated for such a use includes quinipril, enalapril, captopril, benazepril, **ramipril**, trandolapril, lisinopril, fosinopril and mixtures thereof. Preferable dosage ranges of these ACE inhibitors when used in combination with the AT.sub.1. . .

DETD . . . OF ACE

TYPE OF ACE INHIBITOR	AMOUNT OF AT.sub.1 ANTAGONIST
INHIBITOR mg/24 hours	mg/24 hours
quinipril 10-80	0.5-800
enalapril 5-40	0.5-800
captopril 25-450	0.5-800
benazepril 10-40	0.5-800
ramipril 2.5-20	0.5-800
trandolapril 0.5-16	0.5-800
lisinopril 5-40	0.5-800
fosinopril 10-80	0.5-800

CLM What is claimed is:

. . . to claim 8, wherein said angiotensin converting enzyme inhibitor is selected from the group consisting of quinipril, enalapril, captopril, benazepril, **ramipril**, trandolapril, lisinopril, fosinopril and mixtures thereof.

IT 124750-95-4 124750-99-8 135070-05-2 137862-53-4 137882-98-5
138402-11-6 139958-16-0 139964-19-5 **144701-48-4**
144756-71-8 145216-43-9 145781-32-4 148504-51-2 151406-07-4
153465-67-9 154568-18-0 207986-10-5 207986-11-6 207986-12-7
207986-13-8 207986-14-9 207986-15-0
(modifying angiotensin receptor activity for mediation of pain)

L10 ANSWER 16 OF 18 USPATFULL

AN 96:94598 USPATFULL

TI Benzimidazoles and pharmaceutical compositions containing them

IN Mihm, Gerhard, Biberach, Germany, Federal Republic of
Hauel, Norbert, Schemmerhofen, Germany, Federal Republic of
Ries, Uwe, Biberach, Germany, Federal Republic of
Antonius van Meel, Jacobus C., Mittelbiberich, Germany, Federal Republic of
Wienen, Wolfgang, Biberach/Rissegg, Germany, Federal Republic of
Entzeroth, Michael, Warthausen, Germany, Federal Republic of

PA Dr. Karl Thomae GmbH, Biberach an der Riss, Germany, Federal Republic of (non-U.S. corporation)

PI US 5565469 19961015

AI US 1995-402744 19950313 (8)

PRAI DE 1994-408497 19940314

DT Utility

FS Granted

EXNAM Primary Examiner: Dentz, Bernard

LREP Raymond, Robert P., Rieder, Wendy E., Stempel, Alan R.

CLMN Number of Claims: 8

ECL Exemplary Claim: 1

DRWN No Drawings

LN.CNT 1181

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Angiotensin-II inhibiting benzimidazoles, useful for the treatment of hypertension. Exemplary compounds are:

(a) 4'-[(2-n-propyl-4-methyl-6-(1-methylbenzimidazol-2-yl)-benzimidazol-1-yl)-methyl]-2-(1,3-thiazolidin-2,4-dione-5-methylidinyl)-biphenyl,

(b) 4'-[(2-n-propyl-4-methyl-6-(1-methylbenzimidazol-2-yl)-benzimidazol-1-yl)-methyl]-2-sulpho-biphenyl,

(c) 4'-[(2-ethyl-4-methyl-6-(5,6,7,8-tetrahydro-imidazo[1,2-a]pyridin-2-yl)-benzimidazol-1-yl)-methyl]-2-sulpho-biphenyl,

(d) 4'-[(2-n-propyl-4-methyl-6-(1-methylbenzimidazol-2-yl)-benzimidazol-1-yl)-methyl]-2-trifluoroacetylamino-biphenyl,

(e) 4'-[(2-ethyl-4-methyl-6-(5,6,7,8-tetrahydro-imidazo[1,2-a]pyridin-2-yl)-benzimidazol-1-yl)-methyl]-2-trifluoroacetylamino-biphenyl,

(f) 4'-[(2-n-propyl-4-methyl-6-(1-methylbenzimidazol-2-yl)-benzimidazol-1-yl)-methyl]-2-(4-methoxy-benzylaminocarbonylaminosulphonyl)-biphenyl,

(g) 4'-[(2-n-propyl-4-methyl-6-(1-methylbenzimidazol-2-yl)-benzimidazol-1-yl)-methyl]-2-(cyclohexylamino-carbonylaminosulphonyl)-biphenyl,

(h) 4'-[(2-n-propyl-4-methyl-6-(1-methylbenzimidazol-2-yl)-benzimidazol-1-yl)-methyl]-2-(benzoylamino-sulphonyl)-biphenyl,

(i) 4'-[(2-ethyl-4-methyl-6-(5,6,7,8-tetrahydro-imidazo[1,2-a]pyridin-2-yl)-benzimidazol-1-yl)-methyl]-2-(benzoylaminosulphfonyl)-biphenyl,

(j) 4'-[(2-n-butyl-4-methyl-6-(propanesultam-1-yl)-benzimidazol-1-yl)-methyl]-2-(benzoylaminosulphonyl)-biphenyl and

(k) 4'-[(2-ethyl-4-methyl-6-(5,6,7,8-tetrahydro-imidazo[1,2-a]pyridin-2-yl)-benzimidazol-1-yl)-methyl]-2-(cyclohexylaminocarbonylaminosulphonyl)-biphenyl.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

SUMM . . . suitable for alleviating central nervous system disorders, e.g. depression, Alzheimer's disease, Parkinson's syndrome and bulimia, as well as disorders of **cognitive** functions.

SUMM . . . acid, furosemide, metoprolol, prazosin, atenolol, propranolol, (di)hydralazine-hydrochloride, diltiazem, felodipine, nicardipine, nifedipine, nisoldipine, nitrendipine, captopril, enalapril, lisinopril, cilazapril, quinapril, fosinopril and **ramipril**. The dosage of these active substances is conveniently 1/5 of the lowest dose normally recommended up to 1/1 or the. . .

IT 407-25-0, Trifluoroacetic anhydride 541-41-3, Ethyl chloroformate 2295-31-0, Thiazolidine-2,4-dione 2393-23-9, 4-Methoxybenzyl amine 3173-53-3, Cyclohexyl isocyanate 144629-45-8 **144701-48-4** 144702-26-1 152628-02-9 172525-90-5 172525-92-7 172525-93-8 172525-94-9 172525-95-0 172525-96-1
(prepn. of [(biphenyl)methyl]benzimidazole angiotensin II receptor antagonists)

L10 ANSWER 17 OF 18 USPATFULL

AN 95:99167 USPATFULL

TI Method of modifying ovarian hormone-regulated AT1 receptor activity as treatment of incapacitating symptom(s) of P.M.S.

IN dePadova, Anathony S., 49 Dexter Dr., North, Basking Ridge, NJ, United States 07920

PI US 5464854 19951107

AI US 1994-235468 19940429 (8)

RLI Continuation-in-part of Ser. No. US 1993-145147, filed on 11 Nov 1993

DT Utility

FS Granted

EXNAM Primary Examiner: Jordan, Kimberly R.

LREP Hoffmann & Baron
CLMN Number of Claims: 7
ECL Exemplary Claim: 1
DRWN 9 Drawing Figure(s); 9 Drawing Page(s)
LN.CNT 763
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The method of treatment moderating, blocking and/or eliminating premenstrual syndrome embodies the intermittent administering of an AT1 antagonist to a female having menstrual cycles characterized predominately by during substantially the luteal phase inclusive of at least one and frequently by two or more affective and/or autonomic and/or somatic symptoms of substantially incapacitating severity(ies) proximately substantially prior to menses of a menstrual cycle. Losartan is an example of an AT1 inhibitor and is administered either orally or parenterally continuously to a female during her menstrual cycle's luteal phase.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
SUMM . . . doses) of diuretics such as hydrochlorothiazide, chlorthalidone or chlorthiazide and/or with angiotensin converting enzyme inhibitors such as lisinopril, enalapril, quinapril, **ramipril** captopril, zopenopril, fosinopril, trandolapril, and perindopril. The addition of one of the abovementioned agents to the AT1 antagonist should increase.
. .
DETD 1. Affective/**Cognitive** Symptoms 23:
DETD . . . strongly supports the hypothesis that this may be the mechanism by which we link cyclic ovarian changes to the behavioral, **cognitive** and physical symptoms of PMS.
IT 58-93-5, Hydrochlorothiazide 58-94-6, Chlorthiazide 77-36-1, Chlorthalidone 114798-26-4, Losartan 124750-95-4, DUP-532 133040-01-4, SK&F-108566 133240-46-7, L-158809 133690-62-7, SC-51316 135015-84-8, ZD-8731 135689-23-5, CGP 48369 137862-53-4, CGP-48933 138402-11-6, SR-47436 141386-89-2, SC 51895 **144701-48-4**, BIBR-277 146709-78-6, ZD-7155 148504-51-2, UP269-6 149285-55-2, WAY 126227 151406-07-4, YM 358 153804-05-8, KT3-671 154200-12-1, RWJ 46458 172344-97-7, L 159878 172345-25-4, RWJ 38970
(modification of ovarian hormone-regulated AT1 receptor activity for treatment of incapacitating symptom(s) of premenstrual syndrome)

L10 ANSWER 18 OF 18 USPAT2
AN 2001:90260 USPAT2
TI Method of treating a liver disorder with fatty acid-antiviral agent conjugates
IN Webb, Nigel L., Bryn Mawr, PA, United States
Bradley, Matthews O., Laytonsville, MD, United States
Swindell, Charles S., Merion, PA, United States
Shashoua, Victor E., Brookline, MA, United States
PA Protarga, Inc., King of Prussia, PA, United States (U.S. corporation)
PI US 6576636 B2 20030610
AI US 2000-730450 20001205 (9)
RLI Continuation of Ser. No. US 1996-651428, filed on 22 May 1996, now abandoned
DT Utility
FS GRANTED
EXNAM Primary Examiner: Jarvis, William R. A.
LREP Wolf, Greenfield & Sacks, P.C.
CLMN Number of Claims: 5
ECL Exemplary Claim: 1
DRWN 27 Drawing Figure(s); 14 Drawing Page(s)
LN.CNT 2654
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The invention provides conjugates of fatty acids and antiviral agents useful in treating liver disorders.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
SUMM . . . bone resorption inhibitor; bronchodilator; carbonic anhydrase inhibitor; cardiac depressant; cardioprotectant; cardiotonic;

cardiovascular agent; choleretic; cholinergic; cholinergic agonist; cholinesterase deactivator; coccidiostat; **cognition** adjuvant; **cognition** enhancer; depressant; diagnostic aid; diuretic; dopaminergic agent; ectoparasiticide; emetic; enzyme inhibitor; estrogen; fibrinolytic; fluorescent agent; free oxygen radical scavenger; gastrointestinal. . .

DETD . . . Hydrochloride; Pinacidil; Pivopril; Polythiazide; Prazosin Hydrochloride; Primidolol; Prizidilol Hydrochloride; Quinapril Hydrochloride; Quinaprilat; Quinazosin Hydrochloride; Quinelorane Hydrochloride; Quinpirole Hydrochloride: Quinuclium Bromide; **Ramipril**; Rauwolfia Serpentina; Reserpine; Saprisartan Potassium; Saralasin Acetate; Sodium Nitroprusside; Sulfinalol Hydrochloride; Tasosartan; Teludipine Hydrochloride; Temocapril Hydrochloride; Terazosin Hydrochloride; Terlakiren; Tiamenidine;. . .

DETD **Cognition** adjuvant: Ergoloid Mesylates; Piracetam; Pramiracetam Hydrochloride; Pramiracetam Sulfate; Tacrine Hydrochloride.

DETD **Cognition** enhancer: Besipirdine Hydrochloride; Linopirdine; Sibopirdine.

DETD . . . propiverine; propyl bis-acridone; prostaglandin J2; prostratin; protegrin; protosufloxacin; prulifloxacin; pyrazoloacridine; quazepam; quetiapine; quiflapon; quinagolide; quinapril; quinfamide; quinupristin; raloxifene; raltitrexed; ramatroban; **ramipril**; ramosetron; ranelic acid; ranitidine bismuth citrate; ranolazine; recainam; regavirumab; relaxin; repirinast; resinferatoxin; reticulon; reviparin sodium; revizinone; ricasetron; ridogrel; rifabutin; rifapentine;. . . sucralfate; sulfasalazine; sulfinosine; sulfoxamine; sulopenem; sultamicillin; sultopride; sulukast; sumatriptan; symakalim; tandospirone; tapgen; taprostene; tasosartan; tazanolast; tazarotene; teicoplanin; telenzepine; tellurapyrylium; telmesteine; **telmisartan**; temocapril; temoporfin; temozolomide; tenidap; teniposide; tenosal; tenoxicam; tepirindole; tepoxalin; terazosin; terbinafme; terfenadine; terflavoxate; terguride; terlakiren; terlipressin; terodiline; tertatolol; testosterone buciclate;. . .

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